

U.S. Patent and Trademark Office
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

UTILITY PATENT

Date: 6/6/03
File No. **MDS-6063**

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Lee, et. al.

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: U.S. Patent and Trademark Office, Commissioner for Patents, 2011 South Clark Place, Customer Window, Mail Stop Patent Application, Crystal Plaza Two, Lobby, Room 1B03, Arlington, VA 22202, on this date.

For: PARYLENE COATED FLUID
FLOW REGULATOR

<u>10/3/2003</u>	<u>EH875179463US</u>
Date	Express Mail Label No.:

Enclosed are:

- (X) 15 pages of specification, including 18 claims and an abstract.
(X) an executed oath or declaration, with power of attorney.
() an unexecuted oath or declaration, with power of attorney.
() ___ sheet(s) of informal drawing(s).
(X) 4 sheet(s) of formal drawings(s).
(X) Assignment(s) of the invention to Baxter International Inc.
(X) Assignment Form Cover Sheet.
() A check in the amount of \$ 0.00 to cover the fee for recording the assignment(s) is enclosed.
() Information Disclosure Statement.
() Form PTO-1449 and cited references.
() Associate power of attorney.
() Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>2</u>	-	3	=	<u>0</u>	x \$ 84.00 = \$ <u>0.00</u>
c) Total Claims	<u>18</u>	-	20	=	<u>0</u>	x \$ 18.00 = \$ <u>0.00</u>
d) Fee for Multiple Dependent Claims						\$280.00 = \$ <u>0.00</u>
					Total Filing Fee	\$ <u>770.000</u>

- () Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$_____.
- () A check in the amount of \$_____ to cover the filing fee is enclosed.
- (X) Charge \$770.00 to Deposit Account No. 02-1440.
- () Other _____.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 02-1440. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-1440. A duplicate copy of this sheet is enclosed.

Tel.: 847-948-4922
Fax.: 847-948-4026

By: Jeffrey C. Nichols
Registration No.: 36,879

U3945 U.S. PTO
10/678568

